

NAME _____ WORK NO. () _____ DIV/DEPT. _____ LOC. CODE _____

(PLEASE PRINT INFORMATION ABOVE)



COLORADO COMBINED CAMPAIGN

(720) 214-0314



Colorado State Employees' Charitable Giving Program – Since 1988

CONTRIBUTIONS: PAYROLL DEDUCTION	OR SINGLE DONATION	DESIGNATION CHOICE(S)												
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> LEADERSHIP GIVING CLUB \$1,000 or more = Gold Level \$500 - \$999 = Silver Level </div> PAYROLL DEDUCTION: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> \$80 X 12 = \$960 <input type="checkbox"/> \$60 X 12 = \$720 <input type="checkbox"/> \$40 X 12 = \$480 <input type="checkbox"/> \$20 X 12 = \$240 <input type="checkbox"/> \$ _____ X _____ = \$ _____ <div style="display: flex; justify-content: space-between; width: 100%;"> AMOUNT MONTH TOTAL </div> </div> <div> <input type="checkbox"/> \$15 X 12 = \$180 <input type="checkbox"/> \$10 X 12 = \$120 <input type="checkbox"/> \$5 X 12 = \$60 <input type="checkbox"/> \$2 X 12 = \$24 </div> </div>	BY: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card OF: <div style="border: 1px solid black; width: 100px; height: 30px; display: flex; align-items: center; justify-content: center;">\$</div> MAKE CHECKS PAYABLE TO <div style="text-align: center; font-weight: bold;">C C C</div>	DESIGNATE THE UMBRELLA CHARITY(S) OR CHARITY(S) OF YOUR CHOICE THE 4 DIGIT ID NUMBER IS IN YOUR BROCHURE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">UMBRELLA OR CHARITY</th> <th style="width: 30%;">AMOUNT – YEARLY TOTAL</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$</td></tr> <tr><td>2</td><td>\$</td></tr> <tr><td>3</td><td>\$</td></tr> <tr><td>4</td><td>\$</td></tr> <tr><td>5</td><td>\$</td></tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;">MINIMUM IS \$1.00 PER MO. OR \$12 PER DESIGNATION</p>	UMBRELLA OR CHARITY	AMOUNT – YEARLY TOTAL	1	\$	2	\$	3	\$	4	\$	5	\$
UMBRELLA OR CHARITY	AMOUNT – YEARLY TOTAL													
1	\$													
2	\$													
3	\$													
4	\$													
5	\$													
PLEASE DEDUCT THE ABOVE AMOUNT FROM MY PAY SIGNATURE _____ DATE _____		AGENCY: _____												

Please charge \$ _____ to my credit card. Credit Card No.: _____

☐ Visa ☐ MasterCard Expiration Date: _____

SIGNATURE: _____ DATE: _____

(CREDIT CARD CHARGES WILL APPEAR AS: Community Health Charities of Colorado)

Gift acknowledgement from charity(s)? Yes _____ No _____ If yes, complete the following:

Home Address _____

City _____ State _____ Zip Code _____

DETACH HERE (PAYROLL COPY)

COLORADO COMBINED CAMPAIGN

PAYROLL COPY

NAME _____ WORK NO. () _____ DIV/DEPT. _____ LOC. CODE _____

(PLEASE PRINT INFORMATION ABOVE)

I AUTHORIZE THE AMOUNT SHOWN TO BE DEDUCTED FROM MY PAY

TOTAL MONTHLY PAYROLL DEDUCTION: \$ _____ X _____ = \$ _____

AMOUNT MONTHS TOTAL

PLEASE NOTE: All payroll deductions will begin in January of the following year;

X _____

CONTRIBUTOR'S SIGNATUREDATESOCIAL SECURITY NO.

DETACH HERE (DONOR'S COPY)

THANK YOU FOR CONTRIBUTING TO THE COLORADO COMBINED CAMPAIGN

DONOR'S COPY

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(PLEASE PRINT INFORMATION ABOVE)

UMBRELLA OR CHARITY	AMOUNT – YEARLY TOTAL
1	\$
2	\$
3	\$
4	\$
5	\$

CONTRIBUTION \$ _____

COORDINATORS:

PLEASE HAVE THE DONOR COMPLETE THE INFORMATION ON ALL THREE SECTIONS OF THIS PLEDGE FORM.

ATTACH ANY CASH OR CHECKS TO THE TOP PORTION OF THE EMPLOYEE'S PLEDGE FORM.

IF A CREDIT IS USED.

PLEASE VERIFY THE FOLLOWING INFORMATION IS INCLUDED:

VISA/MASTERCARD, CREDIT CARD NUMBER, EXPIRATION DATE, AND SIGNATURE.

THE TOP PORTION MUST BE RETURNED TO THE CAMPAIGN MANAGER ALONG WITH THE S1 CAMPAIGN REPORTING FROM.

THE MIDDLE SECTION IS FOR ADMINISTRATIVE PROCESSING.

THE DONOR MAY KEEP THE BOTTOM PORTION OF THIS FORM.

THANK YOU FOR YOUR HELP.....

COORDINATORS:

IF THE PAYROLL DEDUCTION IS SELECTED, PLEASE FORWARD THIS PORTION OF THE PLEDGE CARD TO YOUR PAYROLL PERSON.

PLEASE NOTE: THE PAYROLL PORTION MUST BE SIGNED TO BE VALID.

THE EMPLOYEE'S SIGNATURE AUTHORIZES PAYROLL TO MAKE PAYROLL DEDUCTIONS STARTING IN JANUARY AND ENDING IN DECEMBER OF THE NEXT YEAR.

DEAR DONOR:

THE BOTTOM PORTION OF THIS PLEDGE FORM IS FOR YOUR RECORDS.

THANK YOU FOR YOUR GENEROUS SUPPORT OF THE COLORADO COMBINED CAMPAIGN.

YOUR THOUGHTFULNESS WILL HELP MANY PEOPLE IN COLORADO.